Please Mail This Report To: WASHINGTON STATE PARKS & RECREATION COMMISSION ATTN: CLEAN VESSEL PROGRAM

IIII Israel Road SW PO BOX 42654 OLYMPIA, WA 98504-2654

BOAT SEWAGE PUMPOUT ANNUAL UPDATE REPORT

Name of Marina:					
Clean Vessel Contract Number (If you have one) Address of Marina & Contact Person: Please include telephone, email address & website if one is available					
	Contact Person	Phone No.			
	Address				
	City	County			
	State	Zip			
	E-mail Address	Website			
2 3 4					
5 Do you charge a fee for your pumpout?		If yes, how much?			
DATE		-			
SIGNATURE					
TITLE		-			



Instructions: This **Annual Use Report** must be submitted to State Parks annually by November 15th for the preceding year's activities. In the event the facility was not operational during the year, please indicate the total number of days the pumpout was not operational in the **TIME OUT OF SERVICE** column. **TIME IN OPERATION** means information provided by the Hour Meter for the entire year. **ESTIMATED UNITS OF SERVICE** means your best estimate of the total number of times a boat was serviced by the pumpout; for example 16 would mean 16 times the pumpout/dump station was used (possibly many times by a few boats). **TOTAL ESTIMATED GALLONS PUMPED** means the average (or exact amount) of gallons your facility pumped for the entire year.

	TIME IN OPERATION (HOURS)	TIME OUT OF SERVICE (DAYS)	ESTIMATED UNITS OF SERVICE	*TOTAL ESTIMATED GALLONS PUMPED		
TOTAL:						
	nolds 25 gallons. If you ha That will give you the total		vill need to multiply how r	nany hours the meter		
* This information need	s to be reported for our re	cords unless the pumpor	ut system was non-opera	tional for the year.		
Name of Individual Who Prepared Report			Telephone No.			
ANNUAL MAINTENANCE AND REPAIR REPORT						
Instructions: FIRST, PLEASE ATTACH INFORMATION ON MANUFACTURER RECOMMENDED MAINTENANCE ACTIVITIES; THEN, DESCRIBE BELOW THE MAINTENANCE AND REPAIR PERFORMED. The report should include information such as description of all parts replaced, when interior/exterior parts were thoroughly gone over, what and when normal maintenance activities were done, and quarterly cleaning of check valves.						
Annual Maintenance F	Record for (year)	Da	Date:			
Describe maintenance	e activities for the year (write on back or add ar	nother page if necessar	y):		
Name of Individual Who Prepared Report			Telephone No.			

EQUIPMENT BREAKDOWN INCIDENT REPORT

Instructions: NOTIFY STATE PARKS BY TELEPHONE WITHIN TWO (2) WORKING DAYS IF THE PUMPOUT AND/OR DUMP STATION BECOMES INOPERABLE. THE FACILITY MUST BE OPERATIONAL WITHIN 15 DAYS AFTER THE BREAKDOWN. A WRITTEN REPORT SHALL BE SUBMITTED TO STATE PARKS WITHIN TWO (2) WEEKS OF THE BREAKDOWN. This report should include an explanation of the cause of the equipment breakdown and a description of what was done to restore service, including any parts that were replaced.

Date of Equipment Breakdown:	Date Service Restored:
Describe the cause of the equipment breakdown:	
Describe the repair activities necessary to restore service:	
Name of Individual Who Prepared Report	Telephone No.